

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

PAGE 1/1
RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

JUL 18 PM 12:41

1. NAME OF COMMITTEE (in full) **Tammy Baldwin for Senate** TYPE OR PRINT Example: If typing, type over the lines. **12FE4M5**

ADDRESS (number and street) **PO Box 696**
Check if different than previously reported. (ACC) **Madison** CITY **WI** STATE **53701** ZIP CODE

2. FEC IDENTIFICATION NUMBER **C00326801** 3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A) 4. STATE **WI** DISTRICT **00**
For Candidates Only

5. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
☐ April 15 Quarterly Report (Q1)
☒ July 15 Quarterly Report (Q2) and/or Semi-annual Report
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE) and/or Semi-annual Report
☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report
(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report
(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C)
Election on ☐ / ☐ / ☐ in the State of ☐ This report also covers the semi-annual period ☐ See Line 6(b)
(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
Election on ☐ / ☐ / ☐ in the State of ☐ This report also covers the semi-annual period ☐ See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
This report covers ☐ 01 / ☐ 01 / ☐ 2014 through ☐ 06 / ☐ 30 / ☐ 2014 and/or ☒ January 1 - June 30 ☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period **0.00** (b) Semi-annual Covered Period

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Mr. Michael F. Childers**

Signature of Treasurer

Mr. Michael F. Childers

Date

07 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3L
02/2009

14020570627